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CONFIRMATION NO. 9911

SERIAL NUMBER 10/056,734	FILING OR 371(c) DATE 01/25/2002 RULE	CLASS 424	GROUP ART UNIT 1639	ATTORNEY DOCKET NO. 0594.00034
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APPLICANTS

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S. V.

** CONTINUING DATA *****

This appln claims benefit of 60/264,413 01/26/2001 and claims benefit of 60/302,799 07/03/2001

S. R.

** FOREIGN APPLICATIONS *****

*N/INZ*IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 02/21/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 3	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

48924

TITLE

System and method for rectal administration of medication for treatment of migraines

FILING FEE RECEIVED 627	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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